## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

100910-us

		CLAIMS AS	S FILED .	SMALLS	SMALL ENTITY		OTHER	THAN			
			(Column 1)		(Column 2)		TYPE TYPE		OR		
TOTAL CLAIMS			18				RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FE	E 375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			/ \mathfrak{S} minus 20=		* Ø		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		* 🎾		X42=	1	OR	X84=	
MULTIPLE DEPENDENT CLAIM P			RESENT				1140	1	1	+280=	
* If	the difference	in column 1 is	less than z	ero, enter	"0" in c	column 2	+140=	775	OR		
CLAIMS AS AMENDED - PART II							TOTAL	4/)_	OR	TOTAL OTHER	THAN
		(Column 1)		(Colur		(Column 3)	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		+140=	1	OR	+280=	
							TOTA			TOTAL	<u>                                     </u>
ADDIT. FEEOR ADDIT. FEE											<del></del>
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID		PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X42=	1	OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN'	CLAIM		+140=		OR	+280=	
							TOTA ADDIT. FE	L	OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X42=	†	OR	X84=	
	FIRST PRESENTATION OF MULTIPL			E DEPENDENT C		<u> </u>		+	1	<b></b>	<del> </del>
*	If the entry in colu	ımn 1 is less than	the entry in co	olumn 2, writ	e "0" in c	olumn 3.	+140=	<b></b>	OR	+280=	<b></b>
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE											
1		mber Previously Pa					er found in the	appropriate bo	x in co	olumn 1.	